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**FACSIMILE TRANSMISSION****CONFIDENTIAL**

DATE: February 8, 2007

CLIENT-MATTER NO.: 21190-01000

TO:

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FROM: Michael W. Farn

PHONE: (650) 335-7823

SENT BY: Becky Hancock

PHONE: (650) 943-5205

NUMBER OF PAGES WITH COVER PAGE: 3

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**MESSAGE:**

Please file and docket the attached request.

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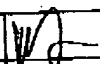
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
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|---|-----------------------|------------------------|-------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence during pendency of filed application) | Application Number    | 09/921,265             |             |
|   | Filing Date           | 08-01-2001             |             |
|   | First Named Inventor  | Warwick Ford           |             |
|   | Group Art Unit Number | 2131                   |             |
|   | Examiner Name         | Matthew T. Henning     |             |
| Total Number of Pages in This Submission  | 2                     | Attorney Docket Number | 21190-05339 |

| ENCLOSURES (check all that apply)   |  |
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| <input type="checkbox"/> Assignment & Recordation Cover Sheet   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  |
| <input type="checkbox"/> Declaration  | <input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief)                              |
| <input type="checkbox"/> Power of Attorney  | <input type="checkbox"/> Certified Copy of Priority Document(s)  |
| <input type="checkbox"/> Application Data Sheet   | <input type="checkbox"/> After Allowance Communication to Group  |
| <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A<br><input type="checkbox"/> Copies of IDS Cited References | <input checked="" type="checkbox"/> REQUEST FOR WITHDRAWAL AS ATTORNEY<br>OR AGENT AND CHANGE OF<br>CORRESPONDENCE ADDRESS |
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| SIGNATURE OF ATTORNEY OR AGENT   |                         |
|--|-------------------------|
| Signature:  | Dated: February 8, 2007 |
| Attorney/Reg. No.: Michael W. Farn, Reg. No. 41,015  |                         |

| CERTIFICATE OF FACSIMILE TRANSMISSION  |                         |
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| I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below. |                         |
| Signature:    | Dated: February 8, 2007 |
| Typed or Printed Name: Michael W. Farn, Reg. No. 41,015  |                         |
| Facsimile Number: (571) 273-8300   |                         |

21190/01000/DOCS/1696318.1

|   |                        |                    |
|---|------------------------|--------------------|
| <b>REQUEST FOR WITHDRAWAL<br/>AS ATTORNEY OR AGENT<br/>AND CHANGE OF<br/>CORRESPONDENCE ADDRESS</b> | Application Number     | 09/921,265         |
|   | Filing Date            | 08-01-2001         |
|   | First Named Inventor   | Warwick Ford       |
|   | Group Art Unit         | 2131               |
|   | Examiner Name          | Matthew T. Henning |
|   | Attorney Docket Number | 21190-05339        |

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.


The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

|                         |  |       |                |     |            |
|-------------------------|--|-------|----------------|-----|------------|
| Firm or Individual Name | Kenyon & Kenyon<br>Attn: Gary S. Morris, Partner |       |                |     |            |
| Address                 | 1500 K Street, NW                                |       |                |     |            |
| Address                 |  |       |                |     |            |
| City                    | Washington                                       | State | DC             | Zip | 20005-1257 |
| Country                 | US   |       |                |     |            |
| Telephone               | (202) 220-4250                                   | Fax   | (202) 220-4201 |     |            |

- ☒ This request is made on behalf of myself and
- ☒ all the attorneys/agents of record,
  - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
  - ☐ the attorneys/agents associated with Customer Number \_\_\_\_\_
- on whose behalf I have signed this request and on whose behalf I am authorized to sign.

|           |   |
|-----------|---|
| Name      | Michael W. Fam, Reg. No. 41,015   |
| Signature |  |
| Date      | February 8, 2007  |

**NOTE:** Withdrawal is effective when approved rather than when received.  
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

21190/01000/DOCS/1696309.1